

# Telehealth: An Effective Strategy in Diabetes Management

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# Definitions

- **Telehealth** is a broad term that refers to electronic and telecommunications technologies and services used to provide care and services at a distance. This care can be clinical or non-clinical.
- **Telemedicine** refers specifically to clinical services using live video-conferencing.
- **Telephone** visits use the telephone and do not use *video* equipment.

# Timeline

- January 26, 2020: Arizona confirms first case of COVID-19.
- March 11, 2020: Governor Ducey issues a declaration of public health emergency in Arizona.
- March 16, 2020: First telephone visits start at Phoenix Indian Medical Center (PIMC).
- March 17, 2020: Center for Medicare and Medicaid Services (CMS) announces an array of temporary regulatory waivers and new rules that dramatically change telehealth services.

# Timeline (2)

- March 20, 2020: Standard operating procedure rolled out for Telemedicine (video) visits for all ambulatory clinics.
- March 23, 2020: Trial with telemedicine visits with three Primary Care Medicine Clinic (PCMC) providers.
- March 23, 2020: First telemedicine visit successfully occurs in PCMC.
- March 27, 2020: The Indian Health Service (IHS) temporarily approves any public-facing telecommunications platform for telemedicine use. Examples: Apple FaceTime, Skype, WebEx etc.

# Timeline (3)

- March 19, 2020: All clinic appointments and elective surgeries cancelled.
- March 30, 2020: Governor Ducey issues stay-at-home order.
- April 6, 2020: Nutrition services initiates telemedicine services.
- April 10, 2020: Diabetes Education initiates telemedicine services.

# CMS Expansion for Telehealth Services

- Limitations removed on certain types of clinical practitioners that can provide Medicare telehealth services
- Hospitals may bill for services provided remotely including when the patient is at home
- Video requirement waived for certain telephone evaluation and management services
- Increased payments for telephone visits to match payments for similar office and outpatient visits

# PIMC Telemedicine Platform: CISCO

- Patient Requirements:
  - Email address or phone number (new process)
  - Computer with audio, video, and microphone capability, or
  - Smart phone with camera and microphone
  - Wi-Fi or unlimited data plan (charges may be incurred with limited data plans)
  - Private location
  - Verbal consent

# Process: CISCO (1)

- Providers:
  - Log into CISCO (username/password)
  - Set up a meeting space in a virtual exam room
  - Send meeting space invitation to the patient
  - Join meeting space at scheduled appointment time
  - Await patient “arrival”

# Process: CISCO (2)

- Your patient receives an email with an invitation link to the meeting space
- Patient is prompted to “join online meeting” and enter their name
- Patient is prompted to allow for camera/video and microphone functions
- Patient enters the meeting space

# Process: CISCO Rules of Engagement

- A separate, unique appointment invitation link must be sent for each patient encounter
- Verify identity of your patient at the beginning of each encounter
- Verify uninvited participants are not present
- ***Do not*** record any audio or video of the encounter
- Inform your patient of data rates

# Phoenix Indian Medical Center (PIMC)

## *Estimated* Data: Telehealth Visits

Month	Count
March	140
April	2,832
May	4,262

# Primary Care Medicine Telehealth

## *Estimated Data*

Month	Providers Telemedicine	Providers Phone	Diabetes Education Telemedicine	Diabetes Education Phone	Nutrition Services Telemedicine	Nutrition Services Phone
March	12	46	0	46	0	0
April	49	1,962	20	72	18	0
May	38	2,147	10	36	14	37

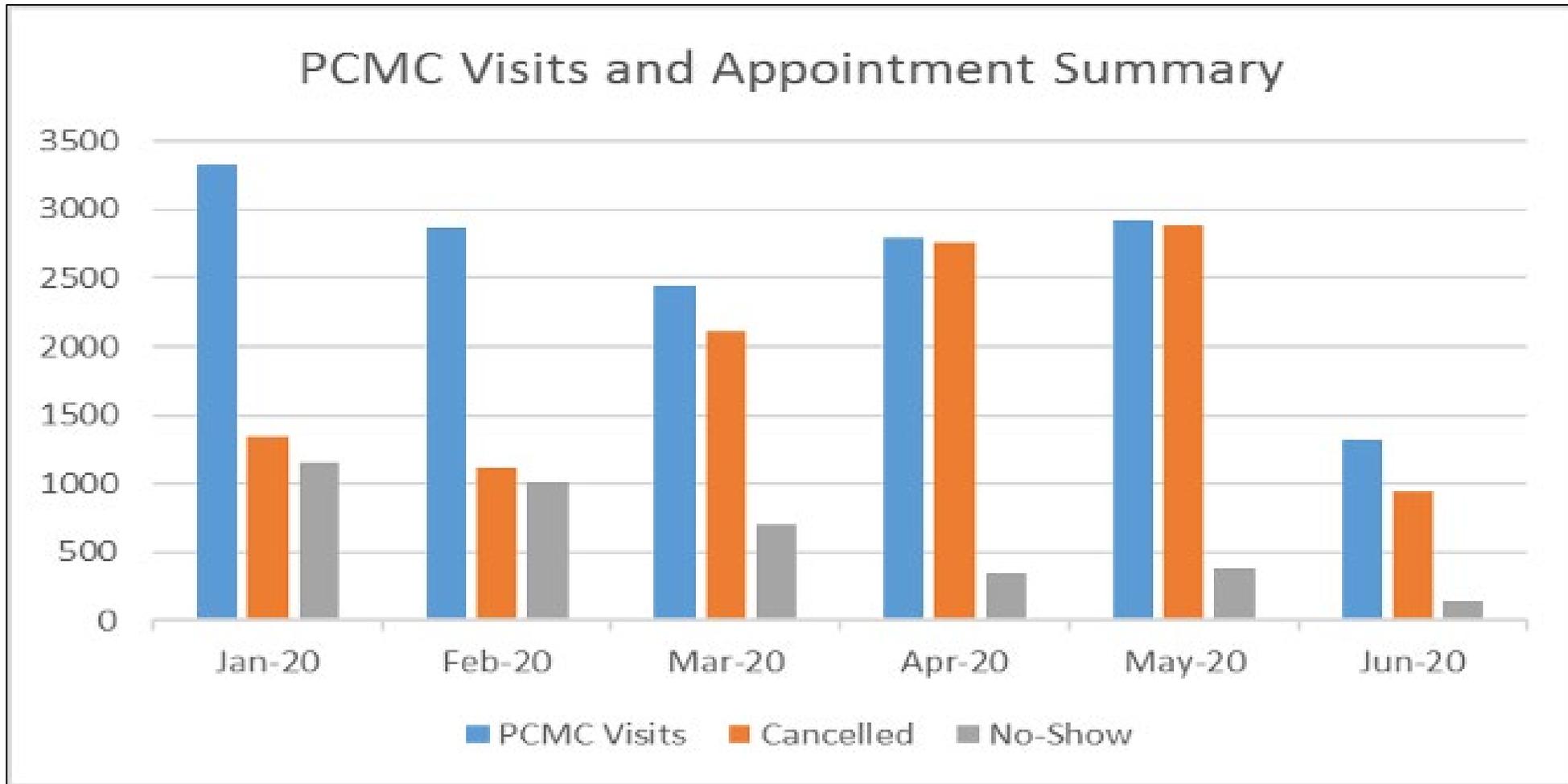
# Advantages of Telehealth

- Time saving
- Cost effective for patients (gas, transportation)
- Patient's do not forget their meters at home
- Patient comfort in home or other setting
- Ease with medication reconciliation
- Environmentally beneficial
- Diversification of room utilization in clinic space especially with use of telework

# Advantages of Telehealth (2)

- Limits patient and provider exposure to pathogens/infectious disease
- Human connection during “all things COVID”
- Establishes a sense of normalcy
- Decrease in no-show rates
- Family involvement
- ***Gratitude***

# No-Show Rates



# Challenges

- Connection problems
- Audio and video issues
- Patient instructions
- Schedules/clinic flow
- Inability to complete same day labs and point of care testing

# Challenges (2)

- Inability to perform physical exam including foot and eye exams
- Visits take more provider time
- Obtaining accurate data regarding telehealth visits

# Uses of Telehealth in Diabetes Management

- New onset diabetes education/management
- New meter education
- New medication initiation: oral medications, injectable medications
- Medication dose adjustment
- Hypoglycemia treatment/education
- Nutrition education
- Diabetes prevention education

# Telehealth: Diabetes Education

## Pre-Visit Planning

- Email sent with appointment reminder
- Educational handouts
- Overview of what to expect
- Review of chart

# Case Study: 49-Year-Old Male

- Past Medical History:
  - Diabetes Mellitus Type 2
  - Hypertension
  - Morbid Obesity
  - Hypertriglyceridemia
  - Asthma
  - Gastroesophageal Reflux Disease
  - Remote History of Polysubstance Abuse and Alcoholism
- Longstanding history of intermittent compliance with medications, visits, and labs
- Past Surgical History: Laparoscopic Cholecystectomy, Repair of Umbilical Hernia

# Case Study: 49-Year-Old Male (2)

- Allergies: Lisinopril
- Medication regimen:
  - NPH insulin 55 units S.Q BID daily
  - Metformin 1000 mg P.O bid daily
  - Regular insulin (remote past)
- BMI: 36.83
- A1c Results:
  - 11/2018: 8.4%
  - 4/2019: 8.1%
  - 9/2019: 9.1%
  - 12/2019: 8.5%

# Case Study: 49-Year-Old Male (3)

- Discussion with PCP regarding liraglutide treatment in September 2019
- Patient initially agreeable to liraglutide but changes his mind
- Additional negotiation and discussions regarding liraglutide during December 2019 PCP visit
- Pandemic starts, lockdown in Arizona March 30, 2020

# Case Study: 49-Year-Old Male (4)

- Telephone visit with PCP 4/24/20: patient committing to start liraglutide
- Telemedicine visit with Diabetes Education (DCOE) 4/29/20: initiation of liraglutide
- Telephone follow-up visits for medication adherence, evaluation of meter readings, hypoglycemia education, and medication dose adjustment

# Case Study: 49-Year-Old Male (5)

- 5/7/2020 call to clinic: “This new medication Victoza and Metformin that my provider had me start is too good.”
- Telephone visit conducted on 5/7 with additional DCOE follow up visits on 5/13 and 5/19.

# Case Study: 49-Year-Old Male (6)

- PCP follow-up telephone visit May 22, 2020
- 10 lb. weight loss
- Decrease in triglycerides from 477 (12/2019) to 202 (5/ 2020)
- Patient no longer needing insulin
- A1C: 7.4%

# Lessons Learned

- Offer telemedicine to all patients regardless of age
- Discovered our 97-year-old patient FaceTimes regularly with family and friends
- Family involvement
- Elderly welcomed new learning in several instances
- Patients under 50 years of age are tech savvy but often declined telemedicine visits in spite of access to technology

# Lessons Learned (1)

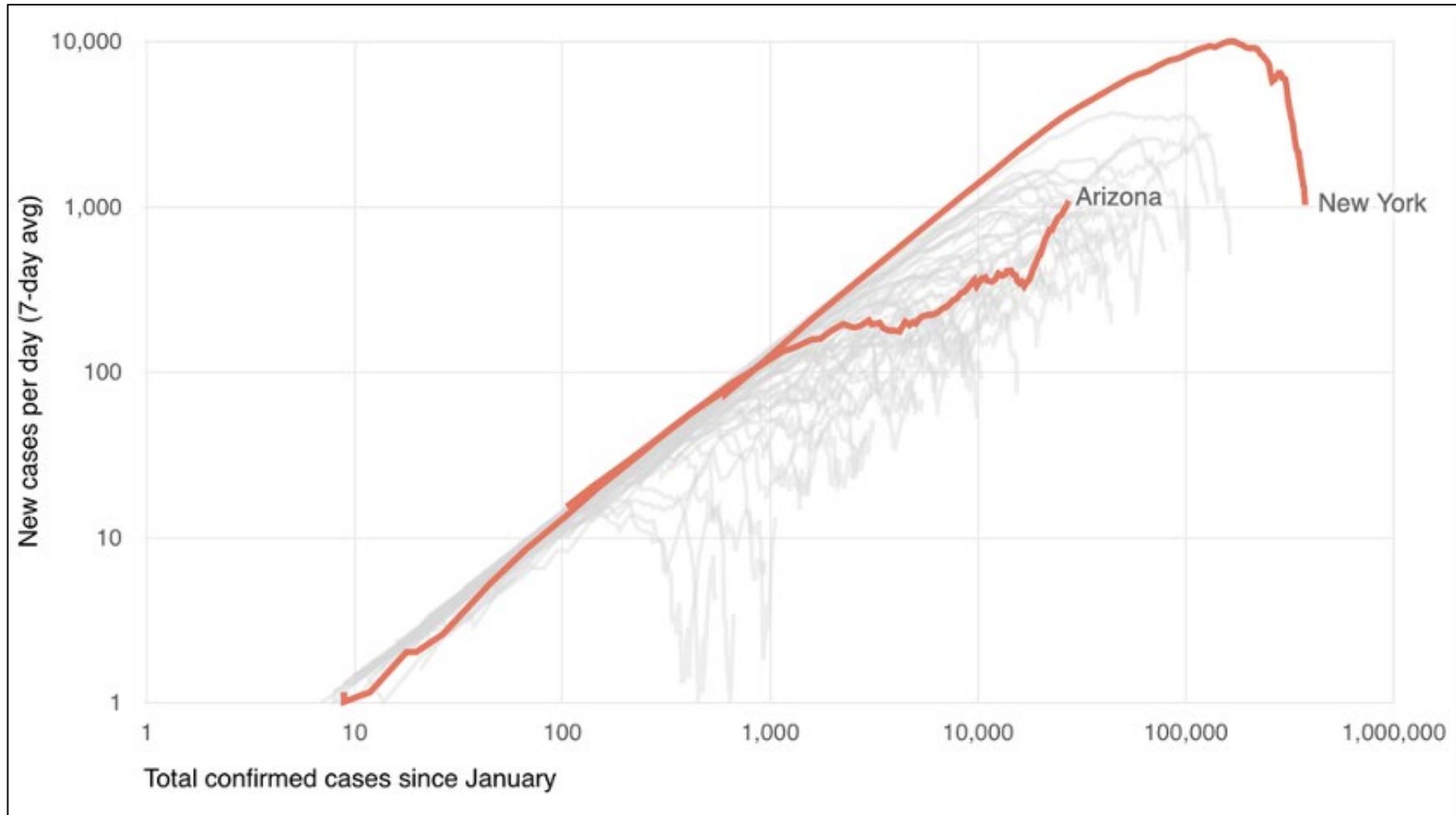
- Keep good data. Pull data regularly on visits to know your volume and target possible errors in data entry, scheduling, coding or billing.
- Important to challenge ourselves and our patients.
- Be patient and flexible.
- You will spend time teaching your patients new technology.
- **We can do this!**

# New Daily Cases Are Rising in 22 Places, Including the Following

Source: Center Systems Science and Engineering at Johns Hopkins University

State	Average This Week	Per 100K	% Change vs. 2 Weeks Ago
Alaska	14 new cases/day	2 per 100K	+367%
Arizona	1,078 new cases/day	15 per 100K	+219%
Oregon	89 new cases/day	2 per 100K	+141%
Kentucky	204 new cases/day	5 per 100K	+124%
South Carolina	379 new cases/day	7 per 100K	+114%
Puerto Rico	168 new cases/day	5 per 100K	+113%
Idaho	50 new cases/day	3 per 100K	+108%
Utah	332 new cases/day	10 per 100K	+105%
Arkansas	328 new cases/day	11 per 100K	+89%
Tennessee	634 new cases/day	9 per 100K	+76%
Florida	1,153 new cases/day	5 per 100K	+52%
Texas	1,553 new cases/day	5 per 100K	+50%

# New Cases Per Day in Arizona and New York



Source: Center for Systems Science and Engineering at Johns Hopkins University

# It's Not Just COVID-19

- Protests
- Lockdown
- Curfews
- Racism
- Police Brutality
- Anger
- Fear
- Isolation

# Telehealth...

- ***Is human connection***
- ***Improves health***
- ***Saves lives***

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# References

- John Hopkins University, Center for Systems Science and Engineering
- Hixson, Naomi. Standard Operating Procedure for Phoenix Indian Medical Center Telehealth During the COVID-19 Public Health Response. June 2020
- <https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>
- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

# Working Together to Provide Better Access Through Telehealth

Tools and resources to support telehealth implementation in Indian Health programs in response to COVID-19 and beyond

- **Join the Conversation on the Telehealth Listserv**

- <https://www.ihs.gov/listserv/topics>
- Type **telehealth** into the search box
- Select **Telehealth** and **mHealth** to subscribe
- Use the listserv to ask questions and share experiences on any aspect of telehealth with colleagues across the Indian Health Service

- **And Coming Soon...**

- Telehealth Toolkit
  - Pulling together resources from within Indian Health and other systems/organizations
  - With RPMS/EHR–specific guidance, tools, and resources
- Telehealth Call Series
  - We'll get into the nuts and bolts of using telehealth to improve access to care and learn from each other